



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/21/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000140236

FACILITY NAME -> C & J TOWING SERVICE - USEPA REG II

MAILING ADDRESS -> 2890 WOODBRIDGE AVE
EDISON, NJ 08837-3679

INSTALLATION ADDRESS -> 411 WILSON AVE
NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: HARKAY, JAMES
OSC USEPA
C & J TOWING SERVICE - USEPA REG II
2890 WOODBRIDGE AVE
EDISON, NJ 08837-3679

RECNO _____

RCRA PROVISIONAL IDENTIFICATION NUMBER LOG SHEET

NUMBER ISSUED _____ DATE ISSUED _____

NAME OF FACILITY C + J TOWING SERVICE / USEPA REGION IISITE OF INCIDENT: Street 411 Wilson Ave
City Newark State NJ Zip 07105

FACILITY CONTACT (This individual should be the generator not the contractor)

Name DAN HARKIS Title USEPA on Scene Coordinator
Telephone (908) 321-6614MAILING ADDRESS: Facility Name USEPA REGION II
Street 2890 WDRG AVE
City Edison State NJ Zip 08837
3679

DESCRIPTION (Include time & date of incident)

EPA ID# IS REQUIRED FOR THE T&D of the waste paint
CONTAINED IN AN ABANDONED TANK TRAILER. THE CLEAN UP IS
A USEPA REMOVAL ACTION FUNDED BY CERCLAHazardous Wastes & Quantity WASTE PAINT ≈ 1200 Gals

Clean-up Contractor _____

Transporter & EPA # _____

TSD & EPA # _____

Expected Date of clean-up completion 12/93

BEFORE ISSUING PROVISIONAL NUMBER:

- (1) Check notifiers lists to see if site already has a number.
- (2) Inform generator that the number is good only for thirty (30) days from date issued.
- (3) Instruct the generator to return the follow-up questionnaire package to this office within ten (10) days of receipt.

Provisional Number Questionnaire

1. Name of Facility Requesting ID Number *4-J TOWING SERVICE / USEPA REG II*
2. Name and Telephone Number of Person Making Request *DAN HARKLEY / USEPA OSC
908-321-6614*
3. Date of Request for Provisional Number *8/17/93*
4. Time and Date of Episode Causing Emergency *USEPA Removal Action
7/93*
5. Projected Date all Hazardous Waste Activity Will Be Terminated *Removal Action
To be complete 12/93*
6. Location of Episode *411 Wilson Ave Newark N.J.*
7. Measures Taken to Control Episode *USEPA Removal Action*
8. Description of Episode *ABANDONED JUNK TRAILER CONTAINING
PAINT*
9. List Type and Quantity of Wastes *oil Based Paint \approx 1,200 Gals.*
10. Name and EPA ID Number of Transporter(s) *N/A*
11. Name and EPA ID Number of Treatment, Storage and/or Disposal Facility (If Known) *N/A*
12. Provide all Provisional Numbers Previously Assigned (If Any) *N/A*
13. Do You Wish to Obtain a Permanent EPA ID Number? *YES*
14. Comments
*EPA ID # is required for the T&D of the
waste paint. The clean up is a USEPA Removal
Action funded by CERCLA.*
15. Signature and Date

Dan Harkley USEPA OSC 8/17/93

| ID — For Official Use Only | | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----|---|
| C | | | | | | | | | | | | | | | | T/A | C |
| W | | | | | | | | | | | | | | | | | 1 |

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|------|------|------|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| F005 | D009 | D008 | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | 1 | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.


| | | |
|-------------------------------------|---|-----------------------|
| Signature <i>James D. Harkay</i> | Name and Official Title (type or print) JAMES D. HARKAY USEPA OSC | Date Signed 8/9/93 |
|-------------------------------------|---|-----------------------|

Comments: The EPA ID# is necessary for disposal of waste from the site, Resulting from an EPA Removal Action

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II**

DATE: August 25, 1992

SUBJECT: RCRA Identification Number

FROM: Thomas P. Budroe 
Removal Action Branch

TO: Norman Rost, Program Manager Coordinator
Air and Waste Management Division

This is a request for a RCRA Identification Number for C & J Towing Service site at 411 Wilson Ave, Newark, New Jersey. Attached is the "Notification of Hazardous Waste Activity" form. Please contact me with any questions or discussion at 908-906-6191 (fax 908-908-6182).

Attachment